

STATE OF CONNECTICUT

DEPARTMENT OF AGRICULTUREBureau of Aquaculture and Laboratory



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APPLICATION FOR SHELLFISH DEPURATION LICENSE

CONNECTICUT PROVISIONAL DEPURATION LICENSE NO:									
APPLICATION DATE:									
APPLICANT:(Print_name to	appear on license)								
ADDRESS:	appear on needse,								
TELEPHONE: (Street) (business-emergency)	_ SOCIAL SEC	_	ric. Use Only						
<u>SHELLFISH TO BE</u> DEPURATEI	D SOURCE	Satis.	Unsatis.						
Distributed to: (Connecticut towns) Address if different from above	for records, cen	(Other states	,						
I agree to conduct shellfish depuration Studies (SDVS) and Standard Operation to conform to all DA/BA regulation reports as required to the Department I agree to process only those describes.	ng Procedures (SO as and policies related of Agriculture,	P) as found satisating to depura Bureau of Aqua	sfactory by DA/BA and tion and to send monthly aculture DA/BA).						
designated above and approved for su		es taken only n	om mose specified areas						
I agree to attache appropriate tags to a and to sell those shellfish as per licen		to be processed,	, to maintain daily records						
I agree to conform to all regulatory, Manuals of Operation and DA/BA person making a written false statem for in Section 53A-157 of the Conne	policies pertinent ent on this applica	to this operation shall be sul	on. I understand that any						
SIGNED BY: President/Owner if different from abo	we.	itle:	Date:						

		(STATE)		(AREA)		(BED NO.)
(Name)	(Address)		(License No.)			
(Name)	(Address)		(License No.)			
COMPLETE FOR HA	ARVESTING AN	ID TRANSPORT	ING S	SHELLFIS	H WHEN A	APPLICAB!
BOAT IDENTIFICAT	ΓΙΟΝ: A RECE	NT PHOTOGRA	PH O	F EACH B	OAT MUS	T ACCOM
THIS APPLICATION	•					
1 Nama:			Pagis	tration No		
Color:	Size:		Registration No. Make: NO Documented: Date of Birth:			
Marinehead with dis	scharge: Y	ZES	NO	Document	ted:	
Captain:			-	Date of Bi	irth:	
Captain:Owner/Other Infor	rmation:		_			
2. Name:			Registration No.			
2. Name:	Size:		Make:	•		
Marinehead with dis	scharge: Y	YES	NO	Document	ted:	
Captain:				Date of Bi	irth:	
Owner/Other Infor	mation:					
WHEN ANY SHELLI	FISH ARE BRO	UGHT TO SHO	RE FO	OR LAND T	TRANSPOI	RTING:
1. Name of individual/						
2. Location of landing/l	oading dock(s).					
2. Location of landing	odding dock(s).					
(Name of dock)	(Street)	(Town)		(Sta	ate)	
3. Vehicle to be used for	or transporting: _					
		(type, make, co		*		
Marker Number:	Enclo	sed Storage Area		YES	NO	
4. Expected dates of star	rt and completion	of the landing/loa	ding o	peration(s):		
(Be specific - extensions	can be applied for	if needed.)				
5. Location of receiving	g point for shellfi	sh transported in	Vehicl	le noted in #	‡ 4:	
(Name of dock)	(Street)	(Town)		(Sta	nte)	
(1. MILLO OI GOOK)	(5000)	(10111)		(Ditt	,	